

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: Appleton Housing Authority PHA Code: WI065 PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: 01/01/2012												
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 211 Number of HCV units: 597												
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan Only <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan												
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)												
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program <table border="1"> <tr> <th>PH</th> <th>HCV</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	PH	HCV						
PH	HCV												
	PHA 1:												
	PHA 2:												
	PHA 3:												
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.												
	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The Appleton Housing Authority exists to promote equal access to affordable, decent, safe and sanitary housing, especially for low income and elderly.												

5.2 Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years.

Goal/Objective:

The Appleton Housing Authority will submit applications for Low Income Housing Tax Credits to WHEDA for elderly/non-elderly disabled and possibly family units. This may be done for Public Housing Units such as Oneida Heights, the OH Annex and Family Scattered Sites. The AHA may also apply for LHTC in regards to new construction/family/elderly or acquisition/redevelopment.

Goal/Objective:

The Appleton Housing Authority will transfer the HAP Contract from Washington Place to Riverwalk Place effective August 1, 2012.

Goal/Objective:

Transfer the deed of Washington Place to the City of Appleton for demolition and redevelopment.

Goal/Objective:

Continue to participate in the Fox Cities Housing Coalition Continuum of Care

Goal/Objective:

Submit applications as necessary for public housing disposition/disposal/conversion activities over the next 5-years. The conversion of these properties may be replaced with a Housing Choice Voucher or funds will be used for the acquisition of newer replacement public housing.

Goal/Objective:

Use Energy Star standards and green technology to the maximum extent possible in new construction and redevelopment.

Goal/Objective:

The Appleton Housing Authority will enter into a fifth year partnership with the Appleton Area School District for the construction of a ranch style universal design home/duplex that will become public housing replacement units. These units will serve very low income families including those with special needs.

Goal/Objective:

Implement cost effective energy improvements including replacement of vehicles where needed.

Goal/Objective:

The Appleton Housing Authority will create a new Public Housing Resident Advisory Board.

Goal/Objective:

We will complete the Lease-Up of 2010 Veterans Administrative Supportive Housing (VASH) Vouchers and apply for additional vouchers when available for all populations.

Goal/Objective:

The Authority may apply for funding under the Family Unification Program NOFA.

Goal/Objective:

The Authority may apply for funding under the Department of Health & Human Services on behalf of the elderly clients at Oneida Heights.

Goal/Objective:

The Authority will continue to make application and work as the lead agency for the Tenant Based Rental Assistance Program as administered by the State of Wisconsin.

Goal/Objective:

The Authority will continue to make application and work as the lead agency for the HOME/HCRI Grant.

Goal/Objective: The Authority will apply for all housing funded programs through the State of Wisconsin and/or the Federal Government NOFA if it will benefit the low income community of Appleton.

Goal/Objective:

Work with the City of Appleton and other community members on neighborhood revitalization activities, including efforts to stabilize abandoned and foreclosed properties.

Goal/Objective:

Research funding avenues to maintain the Wellness Clinic/ Office at Oneida Heights. The AHA provides a health office on the ground level of Oneida Heights, a 152 unit senior building. The program has extreme limited resources and we will search ways to keep the program funded so seniors can remain living in their homes independently for as long as possible.

Goal/Objective:

Continue the Outagamie County Meal Site that serves a hot lunch Monday-Friday by offering free on-site services to the Outagamie County Department on Aging.

Goal/Objective:

The Authority will continue our partnerships & MOU's with the OCHA & Kaukauna Housing Authorities in providing rental assistance and homebuyer assistance for Outagamie County residents. The Appleton Housing Authority has entered into an agreement with the Outagamie County Housing Authority and the Kaukauna Housing Authority to operate our home ownership and voucher programs within their PHA jurisdiction expanding housing options for our lower income families.

Goal/Objective:

The Authority will provide ongoing support for the Annual Health Fair at Oneida Heights.

Goal/Objective:

Provide support for a 2012 event for the 45th Anniversary of the AHA.

Goal/Objective:

Strive to maintain "High Performer" status under the Public Housing Assessment System and Section 8 Management Assessment Program.

Goal/Objective:

We will provide an improved living environment by completing our Capital Fund Projects.

Goal/Objective:

We will support & research the feasibility of the replacement of the Oneida Heights Annex.

Goal/Objective:

The Authority will conduct an agency-wide strategic planning event.

Goal/Objective:

The Authority will implement Fair Housing Practices in all business affairs of the agency.

Goal/Objective:

The Appleton Housing Authority is interested in acquiring additional properties under the public housing regulations or free standing mixed finance rate with attached affordable housing units. The Authority is considering the disposal of the OH Annex with replacement housing. The AHA will work with the local HUD Field Office on these activities and funding solutions.

Goal/Objective:

To the greatest extent possible, the Appleton Housing Authority will provide a list of resources that would open up opportunities to the families enrolled in the FSS Program. The AHA will offer a computer room for participants seeking jobs or resume skills.

Goal/Objective:

It is the goal of the Appleton Housing Authority to maintain the safety of the residents living at Oneida Heights and therefore, the AHA will utilize its Capital Fund Program to enhance the security of the building.

Goal/Objective:

The Authority will submit funding applications to support further affordable housing development.

Goal/Objective:

The Appleton Housing Authority has successfully implemented a First Time Home Buyer Program since 1993. This program is geared towards low income families. The program uses HOME/HCRI dollars from the State of Wisconsin, CDBG Funds from the City of Appleton, and Federal Home Loan Grant dollars. These funds provide down-payment and rehabilitation assistance to the families. It is our goal to continue to apply for these grants and research new grants in order to continue to provide these services to our community.

Goal/Objective:

The Housing Authority offers extensive homeownership counseling and educational classroom training, coupled with financial assistance. The Housing Authority has created a Lender Consortium of local participating lenders who have agreed to minimize closing costs, some waiving PMI charges, and consider liberal debt and loan-to-value ratios. More than 340 low income applicants have become successful home owners through the Housing Authority's program. It is the intent of the Housing Authority to continue this in-depth education and seek additional funds such as becoming a HUD Certified Counseling Agency.

Goal/Objective:

The Appleton Housing Authority has created a non-profit titled 'Neighborhood Housing, Inc' to assist the Authority in private donations creating additional affordable housing opportunities for low income families/seniors and those with special needs, home-buyer education, FSS and the school build partnership projects.

Goal/Objective:

The Housing Authority will work with the Department of Veterans Affairs in the delivery of 50 VASH Vouchers, providing rental assistance to homeless veterans & their families.

Goal/Objective:

The Housing Authority will implement the Service Coordinator Program (ROSS) for Oneida Heights.

6.0	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</p> <p>A. The Appleton Housing Authority has made changes to the Administrative Plan and ACOP under Pet Policy, Smoking Policy and Re-payment Agreements and EVI policy amendments</p> <p>B. The public may obtain a copy of the 5-Year & Annual PHA Plan by providing a signed written request at the offices of the Appleton Housing Authority located at 925 W. Northland Avenue, Appleton, WI 54914 between the hours of 8:00am and 4:00pm.</p>
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p>
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p>
8.3	<p>Capital Fund Financing Program (CFFP).</p> <p><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>Our area has seen an enormous increase in rental assistance needs due to high foreclosure rate and job loss. 1/3 of our waiting list of 1000 has a disabled family member. Accessible units are in high demand. While 2009 demonstrated a high need of 1-2 bedrooms.</p>

Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.

It is difficult for the Appleton Housing Authority to meet the needs of our lower income population due to highly limited federal funds. The Housing Choice Voucher program turnover rate of approximately 59 families per year provides little hope if any. It is our continued goal to maximize participation through our budget authority and lease-up while trying to reduce average HAP costs. Our current budget at times will not support our baseline of 597 units and those participating under FSS for escrow accounts. The AHA was approved for 50 VASH Vouchers to assist homeless veterans. We will work closely with the VA in developing & implementing this program. The AHA will apply for all available federal/state grants to help meet the need of our lower income families/seniors/disabled population and will work collaboratively with other agencies in creating opportunities for housing.

9.1 The Appleton Housing Authority implements the 'Rent Smart' program training for all tenants in the community. This training provides valuable resources & tools for low-income people to obtain decent & adequate housing.

Under the public housing program, the Authority is maintaining its stock through the capital fund program for long term viability. Older public housing stock is being replaced with new construction and universal design/barrier free to accommodate the special needs population. The Authority has plans to redevelop Washington Place to preserve affordable housing for its 70 senior occupants. We will continue to seek new funds and/or partnerships to create affordable housing opportunity for our community.

The Authority has plans to redevelop Washington Place to preserve affordable housing for its senior occupants. We will continue to seek new funds and/or partnerships to create affordable housing opportunity for our seniors. We will continue to dispose of our older high-maintenance, non-accessible housing and build new accessible housing. We will submit an application for other grants that will benefit our community where we are eligible to apply.

Additional Information. Describe the following, as well as any additional information HUD has requested.

- (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.

Meeting Goals: The Appleton Housing Authority is on track to meeting it's goals and objectives of the past five years through various methods of implementing affordable housing programs. We were successful in obtaining Tax Credit Funding for the preservation of Washington Place, a 70 unit senior facility. We were successful in obtaining Neighborhood Stabilization funds to demolish an abandoned/blighted property and construct two new duplexes that are handicap accessible. We created a non-profit arm of the AHA to assist in fund-raising efforts to support various programs. We implemented a Rent Smart Program to assist tenants in obtaining housing. We successfully implemented our Capital Fund Programs sustaining public housing. We revamped our board reports and various policies to strengthen our internal controls & procedures. On an on-going basis the Appleton Housing Authority continues to strive for excellence in providing quality, safe, affordable housing.

The Appleton Housing Authority fully complies with the Violence Against Women Act (VAWA). The provisions of the VAWA is incorporated into our Public Housing ACOP and Section 8 Administrative Plan. These provisions were approved by the board of commissioners by resolution. The AHA works closely with local domestic abuse shelters to enhance the safety of residents/participants we serve. The VAWA is incorporated into our briefings to families. (see attached Activity Statement)

- (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"

The Appleton Housing Authority considers the following Significant Amendments/Substantial Deviations to PHA Policies/Plans that would be cause for a Board of Commissioners review and approval: 1. Changes to rent or admissions policies or organization of the waiting list. 2. Additions of non-emergency work items (items that were not included in the current Annual Statement or Five-Year Action Plan. 3. Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

- 11.0 Required Submission for HUD Field Office Review.** In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. **Note:** Faxed copies of these documents will not be accepted by the Field Office.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights)
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace* (PHAs receiving CFP grants only)
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* (PHAs receiving CFP grants only)
- (d) Form SF-LLL, *Disclosure of Lobbying Activities* (PHAs receiving CFP grants only)
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* (PHAs receiving CFP grants only)
- (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.
- (g) Challenged Elements
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only)
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

All required forms/resolutions/certifications will be attached to the hard copy submitted to HUD.

PHA Plan Attachment: Appleton Housing Authority VAWA Statement

Prohibition Against Terminations Under VAWA (Violence Against Women Act)

The Violence Against Women Reauthorization Act of 2005 limits the owner's and the PHA's right to terminate tenancy or program assistance under certain circumstances.

The AHA or any owner may not construe actual or threatened domestic violence, dating violence or stalking as:

- a. A serious or repeated violation of the lease by the victim
- b. Other good cause for terminating the tenancy or occupancy rights of the victim
- c. Criminal activity justifying the termination of the tenancy, occupancy rights, or program assistance of the victim

Victim Documentation

When the actions of a tenant, household member, guest or other person under the tenant's control call for the termination of tenancy or assistance, and the tenant claims that he/she is the victim of such actions that are related to domestic violence, dating violence, or stalking, the AHA or owner must ensure the family is provided the protections afforded under VAWA.

The AHA may request that the individual certify that he/she is a victim and that the incident/incidents in question are bona fide incidents of such actual or threatened abuse.

The certifications must include the name of the perpetrator and be provided within 14 business days after the individual receives a request from the AHA.

- a. The AHA has the discretions to extend the 14 day deadline when deemed necessary.
- b. If the individual does not submit the certification within the required time frame, the AHA may proceed with terminating assistance by eviction.

Accepted types of certification by an individual would be documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional from which the victim sought assistance in addressing the actual or threatened abuse.

The AHA may provide assistance to an individual based solely on the individual's statement or other corroborating evidence.

Evicting or Termination Assistance of a Perpetrator

Notwithstanding any Federal, State, or local law to the contrary, a public housing agency may terminate assistance to, or remove a household member from a lease, without regard to whether a household member is a signatory to a lease, in order to remove, or terminate assistance to any individual who is a tenant and who engages in criminal acts of physical violence against family member, without evicting, removing, or terminating assistance to the victim.

The AHA will remove the perpetrator from the family's household and continue assisting the family when the family has provided a bona fide certification that they have been a victim of violence in accordance with the certification policy.

The AHA retains the authority to terminate housing of a victim so long as the lease violation is premised on something other than an act of domestic violence.

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part I: Summary

PHA Name/Number WI065		Appleton, WI			Revision No: 1	
Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	<input type="checkbox"/> Original 5-Year Plan Work Statement for Year 4 FFY 2013	<input checked="" type="checkbox"/> Revision No: 1 Work Statement for Year 5 FFY 2014	
A.						
B.	Physical Improvements Subtotal	58,000	\$213,000	\$212,000	\$210,000	
C.	Management Improvements	15,000	15,000	16,000	18,000	
D.	PHA-Wide Non-dwelling Structures and Equipment	100,000				
E.	Administration	34,000	34,000	34,000	34,000	
F.	Other-Audit	1,000	1,000	1,000	1,000	
G.	Operations	12,000	12,000	12,000	12,000	
H.	Demolition	-0-	-0-	-0-	-0-	
I.	Development	80,000	75,000	75,000	75,000	
J.	Capital Fund Financing – Debt Service	-0-	-0-	-0-	-0-	
K.	Total CPP Funds	300,000	329,000	350,000	350,000	
L.	Total Non-CPP Funds	-0-	-0-	-0-	-0-	
M.	Grand Total	300,000	350,000	350,000	350,000	

Debra S. Williams Executive Director

[illegible]

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011**

form HUD-50075.2 (4/2008)

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: W1039PO6550112 Replacement Housing Factor Grant No: Date of CFP:		FFY of Grant: 2012 FFY of Grant Approval:	
PHIA Name: Appleton Housing Authority					
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
Summary by Development Account		Total Estimated Cost		Final Performance and Evaluation Report	
Line		Original	Revised²	Obligated	Total Actual Cost¹ Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	10,000			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	34,000			
5	1411 Audit	1,000			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	5,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	5,000			
10	1460 Dwelling Structures	46,000			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	20,000			
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴	100,000			

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHIF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		FFY of Grant: 2012 FFY of Grant Approval:	
PHA Name: Appleton Housing Authority	Grant Type and Number Capital Fund Program Grant No: W1039PO6550112 Replacement Housing Factor Grant No: Date of CFFP:		
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no: 01) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost Original	Total Actual Cost ¹ Revised ² Obligated Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$270,000	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
Date 7/19/11		Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFF Grants for operations.

⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

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² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program					Federal FFY of Grant: 2012	
PHA Name: Appleton Housing Authority						
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹	
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
PHA-Wide 1406	06/30/13		06/30/14			
PHA-Wide 1410	06/30/13		06/30/14			
PHA-Wide 1408-2	06/30/13		06/30/14			
PHA-Wide 1411	03/31/13		06/30/14			
2011-1499-1	03/31/13		12/31/14			
2011-1460-1	03/31/13		03/31/14			
2011-1460-2	03/31/13		03/31/14			
2011-1460-3	03/31/13		03/31/14			
2011-1450-1	03/31/13		03/31/14			
2011-1470-1	03/31/13		03/31/14			
2011-1470-2	03/31/13		03/31/14			

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: W1039PO6550111 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2011 FFY of Grant Approval:	
PHA Name: Appleton Housing Authority					
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input checked="" type="checkbox"/> Revised Annual Statement (revision no:01) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Total Estimated Cost Revised²	Obligated	Total Actual Cost¹ Expended
1	Total non-CFF Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	12,000	13,000		
3	1408 Management Improvements	15,000	18,000		
4	1410 Administration (may not exceed 10% of line 21)	34,000	22,332		
5	1411 Audit	1,000	1,000		
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	5,000	2,000		
10	1460 Dwelling Structures	58,000	25,000		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	87,000	81,000		
13	1475 Non-dwelling Equipment	8,000	6,000		
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴	80,000	60,000		

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFF Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		FFY of Grant: 2011 FFY of Grant Approval: 2011	
PHA Name: Appleton Housing Authority	Grant Type and Number Capital Fund Program Grant No: W1039PO65501111 Replacement Housing Factor Grant No: Date of CFFP:		
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 01) <input type="checkbox"/> Final Performance and Evaluation Report	
Type of Grant	<input type="checkbox"/> Reserve for Disasters/Emergencies		
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹
		Original	Revised² Obligated Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$228,332	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities	15,000	
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	Date

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Expires 4/30/2011

PHA Name: Appleton Housing Authority

Reasons for Revised Target Dates

form HUD-50075.1 (4/2008)

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: W1065-2010 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2010 FFY of Grant Approval: 2010	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2011		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:1)	
Summary by Development Account		Total Estimated Cost		Total Actual Cost ¹	
Line		Original	Revised ²	Obligated	Expended
1	Total non-CFFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	34,000	34,000	34,000	34,000
5	1411 Audit	1,000	1,000	1,000	1,000
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	8,000	8,000		
10	1460 Dwelling Structures	65,000	93,129		
11	1465.1 Dwelling Equipment—Nonexpendable	65,000	0		
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	24,000	60,000	810	810
14	1485 Demolition	10,000	0		
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴	100,000	80,000		

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		FFY of Grant: 2010 FFY of Grant Approval: 2010	
PHA Name: Appleton Housing Authority	Grant Type and Number Capital Fund Program Grant No: W1065-2010 Replacement Housing Factor Grant No: Date of CFFP:		
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:			
Type of Grant		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1)	
Summary by Development Account		Final Performance and Evaluation Report	
Line		Total Estimated Cost Original	Total Actual Cost ¹ Revised ² Obligated Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	307,000	276,129
21	Amount of line 20 Related to LBP Activities		35,810
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures	25,000	25,000
Signature of Executive Director		Signature of Public Housing Director	
Date		Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFF Grants for operations.

⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: WI39P06550109 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2009 FFY of Grant Approval: 2009	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2011		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:1)	
Summary by Development Account		Total Estimated Cost		Total Actual Cost¹	
Line	Original	Revised²	Obligated	Expended	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	34,000	34,000	34,000	34,000
5	1411 Audit	1,000	1,000	1,000	1,000
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000	0		
8	1440 Site Acquisition				
9	1450 Site Improvement	42,000	48,741	48,741	16,482
10	1460 Dwelling Structures	125,000	64,000	64,000	55,185
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	62,000	81,000	81,000	78,839
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴	50,000	50,000	50,000	50,000

¹ To be completed for the Performance and Evaluation Report.

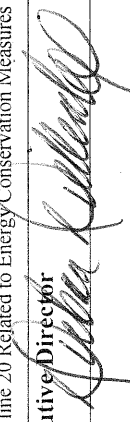
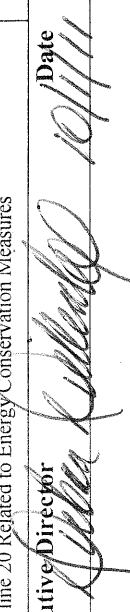
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary						FFY of Grant: 2009 FFY of Grant Approval: 2009	
PHA Name: Appleton Housing Authority	Grant Type and Number Capital Fund Program Grant No: W1039P06550109 Replacement Housing Factor Grant No: Date of CFFP:						
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 4/30/2011		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1)		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹		
		Original			Expend		
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant: (sum of lines 2 - 19)	324,000	278,741	278,741	235,506		
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						
Signature of Executive Director		Signature of Public Housing Director		Date			
				10/11/11			

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFF Grants for operations.
⁴ RHF funds shall be included here.

Part II: Supporting Pages			Federal FFY of Grant: 2009			
PHA Name: Appleton Housing Authority		Grant Type and Number Capital Fund Program Grant No: W139PO6550109 CFFP (Yes/ No): Replacement Housing Factor Grant No:				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Status of Work
				Original	Revised ¹	
					Funds Obligated ²	Funds Expended ²
1410-1	PHA Administrative Salaries			34,000	34,000	34,000
1411-1	Fair Share Audit			1,000	1,000	1,000
1430-1	Fees and Costs			10,000	0	
1450-1	Addition of Mailboxes			30,000	0	
1450-2	Repair Parking Lot/Roof			12,000	42,618	10,359
1450-3	Security Cameras			0	1,380	1,380
1450-4	Landscaping & Cement work			0	4,743	4,743
1460-1	New Appliances OH			60,000	40,562	40,562
1460-2	Replace Flooring			25,000	7,571	7,571
1460-3	Misc. Roof / Cement / Siding / HVAC/ Paint, and other PH repair work at Scattered Sites			40,000	15,867	7,052
1475-1	Wellness Office/Health Fair			10,000	10,000	10,000
1475-2	PH Work Vehicle			24,000	0	
1475-3	PR Consultant-Housing Study			28,000	25,359	23,198
1475-4	Server/computers/software			0	45,641	45,641
1499-1	Development Activities			50,000	50,000	50,000
	Total			324,000	278,741	235,506

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program						Federal FFY of Grant: 2009
PHA Name: Appleton Housing Authority						
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹	
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
1410-1	6/30/2010	1/1/2010	12/31/2010	12/31/10		
1411-1	6/30/2010	6/30/10	12/31/2010	9/30/10		
1430-1	6/30/2011	N/A	12/31/2011	N/A		
1450-1	6/30/2011	N/A	12/31/2011	N/A		
1450-2	6/30/2011	6/30/11	12/31/2011			
1450-3	6/30/2011	6/30/11	12/31/2011	6/30/11		
1460-1	6/30/2011	6/30/11	12/31/2011	9/30/11		
1460-2	6/30/2011	6/30/11	12/31/2011	9/30/11		
1460-3	6/30/2011	6/30/11	12/31/2011			
1475-1	6/30/2011	6/30/11	12/31/2011	6/31/11		
1475-2	6/30/2011	N/A	12/31/2011	N/A		
1475-3	6/30/2011	6/30/11	12/31/2011			
1475-4	6/30/2011	3/31/11	12/31/2011	3/31/11		
1499-1	6/30/2011	6/30/10	12/31/2011	6/30/10		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

PHA Plan Attachment: Appleton Housing Authority VAWA Statement

Prohibition Against Terminations Under VAWA (Violence Against Women Act)

The Violence Against Women Reauthorization Act of 2005 limits the owner's and the PHA's right to terminate tenancy or program assistance under certain circumstances.

The AHA or any owner may not construe actual or threatened domestic violence, dating violence or stalking as:

- a. A serious or repeated violation of the lease by the victim
- b. Other good cause for terminating the tenancy or occupancy rights of the victim
- c. Criminal activity justifying the termination of the tenancy, occupancy rights, or program assistance of the victim

Victim Documentation

When the actions of a tenant, household member, guest or other person under the tenant's control call for the termination of tenancy or assistance, and the tenant claims that he/she is the victim of such actions that are related to domestic violence, dating violence, or stalking, the AHA or owner must ensure the family is provided the protections afforded under VAWA.

The AHA may request that the individual certify that he/she is a victim and that the incident/incidents in question are bona fide incidents of such actual or threatened abuse.

The certifications must include the name of the perpetrator and be provided within 14 business days after the individual receives a request from the AHA.

- a. The AHA has the discretions to extend the 14 day deadline when deemed necessary.
- b. If the individual does not submit the certification within the required time frame, the AHA may proceed with terminating assistance by eviction.

Accepted types of certification by an individual would be documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional from which the victim sought assistance in addressing the actual or threatened abuse.

The AHA may provide assistance to an individual based solely on the individual's statement or other corroborating evidence.

Evicting or Termination Assistance of a Perpetrator

Notwithstanding any Federal, State, or local law to the contrary, a public housing agency may terminate assistance to, or remove a household member from a lease, without regard to whether a household member is a signatory to a lease, in order to remove, or terminate assistance to any individual who is a tenant and who engages in criminal acts of physical violence against family member, without evicting, removing, or terminating assistance to the victim.

The AHA will remove the perpetrator from the family's household and continue assisting the family when the family has provided a bona fide certification that they have been a victim of violence in accordance with the certification policy.

The AHA retains the authority to terminate housing of a victim so long as the lease violation is premised on something other than an act of domestic violence.

PHA Plan Attachment

Statement of VAWA Violence Against Women Act

Period 01/01/2010 Through 10/01/2011 PHA Program Multi-Year Period

The Appleton Housing Authority has had no occurrence during the time period stated above in regards to VAWA and the participants we serve under all programs (federal & state funded) of our agency.

The Appleton Housing Authority (AHA) has a strong working relationship with Harbor House Domestic Abuse Shelter in Appleton, Christine Ann Domestic Abuse Shelter in Oshkosh and the Appleton Police Department. These entities will work closely with the AHA in regards to VAWA.

PHA Certifications of Compliance with PHA Plans and Related R e g u l a t i o n s

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 08/30/2011

PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the ___ 5-Year and/or ☒ Annual PHA Plan for the PHA fiscal year beginning, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.

13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.


Appleton Housing Authority
 PHA Name

WI065
 PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20 - 20

Annual PHA Plan for Fiscal Years 20 - 20

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
Edward Schmidt	Chairperson
Signature	Date
	10-24-2011

Civil Rights Certification

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 08/30/2011

Civil Rights Certification

Annual Certification and Board Resolution

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.


Appleton Housing Authority

PHA Name

WI065

PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

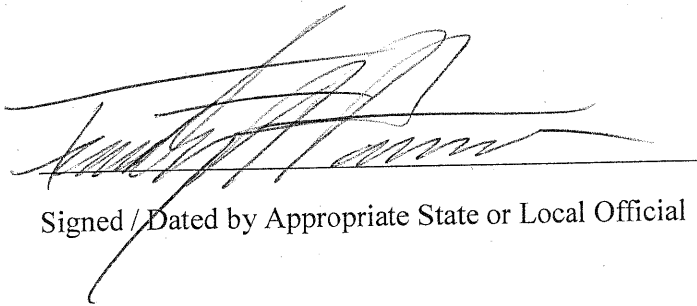
Name of Authorized Official		Title	
Edward Schmidt		Chairperson	
Signature 		Date 10-24-2011	

Certification by State or Local
Official of PHA Plans Consistency
with the Consolidated Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

**Certification by State or Local Official of PHA Plans Consistency with the
Consolidated Plan**

I, Timothy Hanna the Mayor of the City of Appleton certify that the Five Year and
Annual PHA Plan of the Appleton Housing Authority is consistent with the Consolidated Plan of
the City of Appleton prepared pursuant to 24 CFR Part 91.



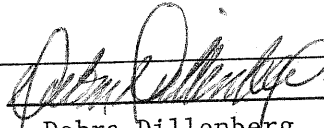
Signed / Dated by Appropriate State or Local Official

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB
0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance		2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award c. post-award		3. Report Type: <input type="checkbox"/> a. initial filing <input checked="" type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____	
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Appleton Housing Authority 925 W. Northland Ave Appleton, WI 54915 Congressional District, if known: 4c 8			5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:		
6. Federal Department/Agency: Department of Housing & Urban Development			7. Federal Program Name/Description: PHA Annual Plan 2012 Capital Fund CFDA Number, if applicable: 14.872 Program		
8. Federal Action Number, if known:			9. Award Amount, if known: \$		
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): N/A			b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): N/A		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature:  Print Name: Debra Dillenberg Title: Executive Director/CEO Telephone No.: 920-739-6811 ext 104 Date: 9-30-2011		
Federal Use Only:					Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name

Appleton Housing Authority

Program/Activity Receiving Federal Grant Funding

PHA Plan/Capital Fund

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Debra Dillenberg

Title

Executive Director/CEO

Signature

Date

9-30-2011

Certification of Payments to Influence Federal Transactions

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Applicant Name

Appleton Housing Authority

Program/Activity Receiving Federal Grant Funding

PHA Plan/Capital Fund

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Debra Dillenberg

Title

Executive Director/CEO

Signature

Date (mm/dd/yyyy)

9-30-2011

Appleton Housing Authority
2012 PHA Plan

Interested participants are welcome to view the contents of the 2012 PHA Plan document which is kept on file at the offices of the Appleton Housing Authority located at 925 W. Northland Avenue, Appleton. Comments regarding any suggested additions or changes on the goals and objectives of the Appleton Housing Authority as it relates to affordable housing opportunities, capital fund needs or how the Housing Authority administers their programs are welcome to comment below.

More TV Channels

Closer Parking

New Drapes

Comments Submitted By:

Agency/Individual:

A/A

Would you like someone from the Appleton Housing Authority to contact you?

Yes___ No___ Telephone or email address:_____

Thank you for your input! We value your participation. Return form to: Appleton Housing Authority c/o Debra Dillenberg, 925 W. Northland Av. Appleton, 54914 or Fax #739-6817

Interested participants are welcome to view the contents of the 2012 PHA Plan document which is kept on file at the offices of the Appleton Housing Authority located at 925 W. Northland Avenue, Appleton. Comments regarding any suggested additions or changes on the goals and objectives of the Appleton Housing Authority as it relates to affordable housing opportunities, capital fund needs or how the Housing Authority administers their programs are welcome to comment below.

Comments Submitted By:

Agency/Individual: Emergency Shelter / Debra Cronmiller

Would you like someone from the Appleton Housing Authority to contact you?

Yes___ No___ Telephone or email address:_____

Thank you for your input! We value your participation. Return form to: Appleton Housing Authority c/o Debra Dillenberg, 925 W. Northland Av. Appleton, 54914 or Fax #739-6817

August, 2011 PHA
Resident Advisory Board
Agency Comments

The 2012 PHA Plan is also on the AHA website for any and all comments from the general public/residents/others.

Comments: When are we getting security cameras for all hallways and the driveways. This item is planned under the 2010 Capital Fund Program.

Comment: Office managers need to be more confidential in matters. The AHA will provide staff training/counseling in this area.

Comments: New carpet replacement in the hallways/paint walls. Depending upon cost, it may mean that some hallways will not be replaced until the next round of funds in 2012/13. OH Roofing is a priority.

Comments: Would like to see more walk-in showers for tenants. Debra will add 504 Bath Updates to 2012 Capital Funds. This is a great suggestion.

Comments: I don't feel the caretaker should be the council president and sunshine club president and friends with the property manager. This is a conflict of interest. The AHA will look into these concerns.

Comments: Provide a preference for Housing Vouchers to Homeless Individuals.

Comments: Need more downpayment assistance for Habitat Families through the HOME Program. Funding is very limited.